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ABSTRACT

Presented are recommendations of a Milwaukee public school study for the purpose of providing a meaningful, effective, and comprehensive educational program for exceptional students. Fourteen recommendations covering the broad policy of exceptional education include policies on integration into normal school programs, transportation, and early childhood education. Sixteen recommendations about staff and administration include the establishment of a coordinating council to provide overall guidance, direction, and unity for the exceptional education program. A diagnosis and evaluation system for the determination of learning needs is recommended to consist of the following three levels: multidisciplinary teams as clinical field units, a central diagnostic unit, and a policy/advisory committee. Five recommendations relating to rights and responsibilities of parents stress the value of parent involvement and recommend the establishment of an administrative and judicial appeal process. Given are 15 program recommendations about communications services, sensory motor provisions, the handling of behavior and learning disabilities, and provision for intellectual differences. Also recommended are adequate physical facilities, a change in funding procedure, and increased inservice training. (DB)

ED 071222

MILWAUKEE PUBLIC SCHOOLS

SECOND INTERIM REPORT

of the

BROADLY-BASED COMMUNITY STUDY OF EXCEPTIONAL EDUCATION

October 10, 1972

EC 050 401E

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INTRODUCTORY STATEMENT

The Task Force for the Broadly-Based Community Study of Exceptional Education is pleased to present its recommendations, in this Second Interim Report, after completion of the first year of study of Exceptional Education.

Since September, 1971, we have been involved in an extensive review of exceptional education programs as charged by the Milwaukee Board of School Directors on June 1, 1971. This review has encompassed the following program areas:

- -- Community Services - Pre-school - two meetings
- -- Programs for Retarded Children; TMR and EMR - four meetings
- -- Programs for Children with Learning/Emotional Disabilities; Child Study Center and Special B -- three meetings
- -- ESEA Service Centers - two meetings
- -- Speech Therapy and Language Programs - two meetings
- -- Deaf and Hard-of-Hearing Programs - two meetings
- -- Orthopedic/Multiply Handicapped Programs - two meetings
- -- Visually Handicapped Programs; Blind and Partially Seeing - one meeting

In addition, at our biweekly meetings, we have had presentations from the Departments of Psychological Services, School Social Work Services, Pupil Personnel and the Head Start Program. One meeting was devoted to presentations from the Milwaukee County Department of Public Welfare, City of Milwaukee Health Department, the Division of Vocational Rehabilitation and Milwaukee County Day Care Services for the Mentally Handicapped.

It is on the basis of this extensive review that the following report and recommendations are presented. Somewhat more specifically, the report contains the substance of the four Task Force Program Committee reports: Communications Committee, Behavior & Learning Disabilities Committee, Intellectual Differences Committee, Sensory Motor Committee.

The report consists of the following sections:

- -- Broad Policy
- -- Staff and Administration
- -- Diagnosis and Evaluation
- -- Rights and Responsibilities of Parents
- -- Program

-- Facilities

-- Funding

-- In-service Training

-- Summary

As a matter of information, the First Interim Task Force Report, submitted on May 25, 1972, listed the four program committees and the specific areas of exceptionality encompassed by each committee. The first report also detailed the structure of the Task Force; the format for simultaneous transmission of reports to the Superintendent's Office and the Board of School Directors; and areas still to be reviewed and studied.

One of the purposes of this report is to make known recommendations which carry budget implications, so that their fiscal dimensions may begin to be accounted for in the 1973 budget. In addition, there are recommendations relating to changes in both policies and administrative practices.

In subsequent reports, further definition will be given to a number of terms referred to in this report, such as mainstreaming and accountability. Additional recommendations also will be forthcoming as we continue to do further study.

It is important to note that the basic goal of this report is to provide a synopsis of the past year's work for both the Administration and members of the Board. From this standpoint, however, the report should not be construed as being rigid or final. By intent--and by the previously stated need for further work--aspects of this report are tentative in nature. There may well be need for modifications pending the continued in-depth study of exceptional education.

Task Force members wish to commend both the Administration and the Board for stressing a coordinated approach to planning for the needs of exceptional children and youth.

For clarity and readability, recommendations will be listed as "Adopt" or "Move Toward."

BROAD POLICY

Adopt

1. We recommend that children be maintained in their district schools wherever possible, and provided therein with appropriate instructional programs and services.

2. We recommend that there be no differentiation in the diploma granted to exceptional education pupils from that granted to regular pupils, as of June, 1973.*

3. We recommend that all exceptional children receive the same non-academic curriculum offerings that regular students receive, e.g., art, music, gym. At the Junior and Senior High levels this is inclusive of all shop, home economics and other vocationally-oriented instructional programs and facilities.

4. We recommend that exceptional education students be programmed with regular class pupils in all non-academic areas, consistent with their abilities and needs. Since there are many overtones for what is currently being called mainstreaming, this technique should be utilized as a grouping procedure wherever appropriate and practical from kindergarten through senior high school.

5. We recommend that pupils who are mainstreamed should be counted in the regular class teacher-pupil ratio, i.e., if a regular class teacher has 30 regular pupils plus 2 exceptional education program pupils mainstreamed in some areas, such teacher shall be credited with 32 pupils for the purpose of determining the teacher-pupil ratio in the regular classroom. Since state aids are allocated on the basis of the enrollment of pupils in exceptional education programs in addition to aids allocated on the basis of their enrollment in the local school district (MPS), adoption of this provision would not affect the allocation of the two categories of state aid.

6. We recommend that as soon as exceptional pupils are identified, no matter for what program, provisions for additional classes, itinerant teacher services, supportive services, etc. be made based on criteria established for such programs and services.

7. We recommend that transportation at public expense be included as a component when designing a program specifically for exceptional children, in order to insure that no child be denied exceptional education programming due to absence of transportation.

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*Insofar as this does not conflict with existing state law; if there is a conflict, the state law will have to be amended to eliminate the current unnecessary variance with respect to diploma granting for exceptional education pupils

8. We recommend that a flexible transportation policy be adopted for exceptional children, to include the use of various transportation provisions such as public, school group and individual arrangements. If the exceptional child requires transportation, the decision as to a child's capability to transport himself at public expense should be a mutual one between parents and school staff. In two significant instances, Superior Ability and Special B programs, provisions for transportation do not now exist and need to be established.

9. We recommend that Wisconsin statutes relating to attendance, truancy, excusal and exclusion be applied uniformly to all children. The rules and policies for the conducting of the Milwaukee Public Schools should be such that a zero exclusion policy will be in effect for exceptional children.

10. We recommend that the Milwaukee Public Schools be the primary locus of responsibility for educational opportunity for all children from three through twenty years of age. In no instance should the public school system fail to provide educational opportunities for children with identified special educational needs later than age three.

11. We recommend that programs for children under age three be encouraged and supported. This has been the practice with deaf children for a number of years in other Wisconsin school districts.

12. We recommend institution of a system for determining a fixed point of responsibility for the initiation, implementation and coordination of services to children residing within the City of Milwaukee, drawing upon the numerous other services available to exceptional children within the community.

13. We recommend that program services be based on the learning needs of the child rather than on any categorical diagnosis, e.g., through the provision of an array of program alternatives to meet individual needs including, but not limited to, use of supportive personnel, joint programming and flexible scheduling.

14. We recommend that all staffing ratios meet standards set by Professional Associations for all professional staff employed by the Milwaukee Public Schools.*

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*See page 4-A, immediately following, for Professional Staff Ratios.

PROFESSIONAL STAFF RATIOS

A Supervisor of Special Education is a staff member responsible for overseeing a specific category of special education and is primarily concerned with the improvement of instruction in that category. Supervisors of special education shall be qualified to organize, administer, and coordinate specific programs for handicapped children and youth.

a. In Wisconsin, this title should be applied only to personnel responsible for supervision of the following categories and designated minimum number of personnel required for state support:

Category	Minimum Number of Personnel
Mentally retarded	20
Speech handicapped	20
Special learning disabilities	20
Emotionally disturbed	20
Visually handicapped	15
Acoustically handicapped	15
Multiple handicapped	15
Orthopedically handicapped	15
Homebound handicapped	15

b. Additional supervisors may be supported in the first four categories with the increase of 25 additional personnel. In the remaining five categories, 20 additional personnel are required.

c. A supervisor who holds certification in several categories may be supported if the personnel supervised totals 20 or more. Final decisions in these instances will rest with the Bureau for Handicapped Children.

STAFF RATIOS

School Social Workers: Ratios

1. NASW -- 1/2,000
2. Cruickshank Report -- 1/2,500
3. DPI
   a. Exemplary -- 1/1,500
   b. Substantial -- 1/2,000
   c. Fundamental -- 1/2,500
4. MPS -- Board of School Directors
   a. Title I -- 1/2,000
   b. Regular -- 1/3,000

School Psychologists:

1. APA -- 1/500 - 2,000
2. DPI
   a. Exemplary -- 1/2,500
   b. Substantial -- 1/2,000
   c. Fundamental -- 1/2,500

Speech Therapists:

Recommended Milwaukee Public Schools Ratio for Speech Therapists: -- 1/2,500

Summary of Recommendations - Broad Policy

We recommend that:

1. Children be maintained in their district schools wherever possible and provided therein with appropriate services;

2. There be no differentiation in the diploma granted to Exceptional Education pupils as regular students receive;

3. All exceptional children receive the same non-academic curriculum offerings as regular pupils;

4. Exceptional Education students be programmed with regular class pupils in all non-academic areas;

5. Pupils who are mainstreamed be counted in the regular class teacher-pupil ratio;

6. Provision of programs and services for exceptional pupils as soon as they are identified;

7. Transportation at public expense be included as a special education program component;

8. A flexible transportation policy for exceptional children be established;

9. Wisconsin statutes relating to education be applied uniformly to all children;

10. Milwaukee Public Schools be the primary locus of responsibility for educational opportunity for all children from three through twenty years of age;

11. Programs for children under age three be encouraged and supported;

12. A system for determining a fixed point of responsibility be instituted;

13. Program services be based on the learning needs of the child;

14. All staffing ratios meet minimum standards set professional associations for all professional staff employed by Milwaukee Public Schools.

STAFF AND ADMINISTRATION

Adopt

Effective instructional programs for pupils with special learning needs require components above and beyond the direct instructional process. Budgeting, evaluation services, health and social services, pupil appraisal and accounting, research, community corrdinated programming information and understanding, and transportation are but a few of the numerous facets truly related to a productive and satisfactory ongoing educational program for exceptional pupils. In addition, because of existing statutory requirements and administrative arrangements, there are direct relationships with the State Department of Public Instruction, Division for Handicapped Children.

We therefore make the following recommendations to insure continuation and further development of programs for all exceptional children in a coordinated, planned and functional manner:

1. We recommend that a Coordinating Council be established to operate and develop programs for exceptional children, in view of the extensive scope of the communication, reporting and administrative processes. Its purpose would be to provide overall guidance, direction and unity to exceptional education programs. The goals of the Coordinating Council should be:

   a. To coordinate and implement ongoing departmental functions;

   b. To insure that recommendations from community groups such as the Broadly Based Exceptional Education Task Force are in fact continuously acknowledged and implemented;

   c. To sharpen the lines of responsibility and areas of service in a consistent and functional manner, in order to insure optimal program operation and development.

2. We recommend that such a Coordinating Council, to be established under the Director of Exceptional Education, include representation on a interdepartmental and divisional basis within the Central Office, i.e. Departments of Psychological Services, Pupil Personnel, Educational Research, Budget and Fiscal Studies, Teacher Personnel and other key divisions such as Administrative Services and Recreation.

3. We recommend that each exceptional education program be under the direct supervision of a particular program administrator, e.g., no matter where originated or how funded, programs for children with behavioral and learning disabilities must be coordinated through the administrator of that program.

4. We recommend that the Department of Exceptional Education be on a level which will provide the authority to work interdepartmentally and interdivisionally.* Under the existing structure, there is serious question as to whether or not this department is able to effectively discharge its wide responsibilities.

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*A possible step might include raising the level of the Executive Director of the Department of Exceptional Education to the position of assistant superintendent.

Two further steps are suggested to begin meeting the intent of this recommendation:

a. That the Executive Director of Exceptional Education have the authority to regularly schedule meetings with Executive Directors of divisions (such as Administrative Services, Long Range Planning and Personnel), and with other department heads within the Division of Curriculum and Instruction:

b. That the Executive Director of Exceptional Education be included in central administrative staff meetings at the highest level.

5. We recommend that when services for students enrolled in the Milwaukee Public School that are purchased by the Division for Vocational Rehabilitation from outside agencies, e.g., Jewish Vocational Center, Curative Workshop, Goodwill Industries, Milwaukee Public School personnel have equal authority in the decision making which occurs relative to the student's educational plan.

6. We recommend that Milwaukee Public School personnel be involved in the planning when services are provided by community agencies for school-age children (3-20), especially in planning for transition between the schools and the community atency.

7. We recommend that there be an item on the School Census Form to allow parents to indicate the presence of a child with a known or suspected handicap or special educational needs.

8. We recommend that the Department of Exceptional Education study and develop a more functional and developmental frame of reference for identifying exceptional children. In view of the problems associated with "labeling," including stigma and overly rigid program categorization, the Department of Exceptional Education should not label or categorize children with exceptional education needs except to identify the nature of those needs for administrative purposes.

9. We recommend establishment of the position of Program Administrator in the Vision Education Program on a full-time basis.

10. We recommend that informational programs be designed to insure a clear understanding of staff roles, responsibilities and inter-relationships between administrators, teachers and supportive services personnel (e.g., psychologists, social workers, nurses). Such programs should occur systemwide as well as at the departmental level.

11. We recommend that Special B or transitional classes have a maximum of 15 pupils effective January, 1973. Children ready to leave contained SLD/ED classes are often not ready to handle a regular classroom situation. Experience in the last three years has shown an effective tolerance level for these children and maximum educational and remediation level capacity for teachers is 15 children.

12. We recommend that Special B teachers employed after January 1, 1973, meet state certification standards. Teachers with dual certification should be recruited whenever possible.

13. We recommend that criteria for establishing Special B classes be reviewed and evaluated, since present standards frequently cause confusion and inappropriate placement.

14. We recommend that immediate attention be given to the need for additional personnel in the following areas:

a. Supervisory (level A state certification standards)

1) Mental Retardation
A minimum of three supervisors to be added immediately, with five added annually until the ratio of one supervisor for every 20 teachers has been attained (minimum ratio established by Bureau for Handicapped Children, DPI). At present, there are only two supervisors, working on a ten-month basis, providing services to 185 teachers in the EMR program and none to the 50 teachers in the TMR program.

2) Speech and Language
A minimum of one supervisor to be added immediately, with one added annually until the accepted ratio of one supervisor for every 25 therapists has been attained.

3) Deaf and Hard-of-Hearing
A minimum of two supervisors to be added immediately, to accomodate the recent work load increase resulting from adoption of the two-tract program for deaf pupils.

b. Supportive Services

1) Social Workers
A minimum of two social workers to be added immediately, with sufficient number added annually until the accepted ratio has been attained.

2) Psychologists
A minimum of five psychologists to be added immediately, with sufficient number added annually until the accepted ratio has been attained.

3) Speech Therapists
A minimum of three speech therapists to be added immediately, with sufficient number added annually until the accepted ratio has been attained.

c. Teaching Staff
Staff be added throughout the Department of Exceptional Education on a planned basis so that within five years all children requiring special programs and/or services can have their needs met in classes of suitable size by staff with appropriate training and experience.

The foregoing staff needs are mandated if the Department of Exceptional Education is to function on behalf of exceptional children and their families, and to provide a significant level of service to classroom teachers.

Move Toward

1. We recommend that language development programs be extended to all Milwaukee Public Schools, in view of the apparent success of the Title I Language Development Program.

2. We recommend a separate administrative arrangement for the Home and Hospital Visitation Programs and the School Age Mothers Program, within the Department of Exceptional Education, instead of their continued inclusion within the Deaf and Hard of Hearing Program.

Summary of Recommendations - Staff and Administration

We recommend that:

1. A coordinating council be established to provide overall guidance, direction and unity to the exceptional education program;

2. The coordinating council be established under the Executive Director of Exceptional Education and include broad representation on an inter-departmental and interdivisional basis;

3. All exceptional education programs be under the direct supervision of a program administrator within the Department of Exceptional Education;

4. The Department of Exceptional Education be on a level which will provide the authority for working interdepartmentally and interdivisionally;

5. Milwaukee Public School personnel have equal authority in decision-making in relation to services purchased for students by the Division Vocational Rehabilitation;

6. Milwaukee Public School personnel be involved in planning when services are provided for school-age children (3-20) by community agencies;

7. There be an item on the School Census Form to allow parents to indicate the presence of a child with a known or suspected handicap or special educational needs;

8. The Department of Exceptional Education develop a more functional and developmental frame of reference for identifying exceptional children;

9. The position of Program Administrator for the Vision Education Program be established, on a full-time basis;

10. Information programs be designed to insure a clear understanding of staff roles, responsibilities and interrelationships;

11. There be a maximum of 15 pupils in Special B or "transitional" classes;

12. Newly employed Special B teachers meet SLD/EDC state certification standards, effective January 1, 1973;

13. Criteria for placement in Special B classes be reviewed and evaluated;

14. Immediate attention be given to the need for additional supervisory, supportive services and teaching personnel on a planned basis;

Move Toward

1. The Language Development Program be extended to all Milwaukee Public Schools;

2. Separate administrative arrangements arrangements be developed, within the Department of Exceptional Education, for the Home and Hospital Visitation Program and School-Age Mothers Program.

DIAGNOSIS AND EVALUATION

Adopt

Every child has the right to a complete diagnosis and evaluation to determine his or her learning needs. The purpose of evaluation is to identify the strengths and weaknesses of each child, not to categorize him or label a particular disability. Planning for all children, but particularly the child with exceptional education needs, should be based on information relating to home-family, community-social background, medical history and current physical status of the child, psychological functioning, educational status, current classroom or learning situation, communication skills including speech and language, and visual and auditory skills.

A fundamental shortcoming in the present diagnostic and evaluation process in the Milwaukee Public Schools is its reliance on unilateral identification of primary educational handicaps, which can and does lead to inappropriate planning for and placement of many exceptional children. Another serious gap in the Milwaukee Public School evaluation system as it now exists, is a lack of understanding of learning disabilities or how learning disabilities can affect the functioning of other exceptional children, e.g., the mentally retarded, physically, emotionally or multiply handicapped. We therefore recommend that the following system components be developed under the direction of the Department of Exceptional Education to implement a unified diagnostic and evaluation system and to insure coordination of all Milwaukee Public School services for exceptional children:

I. Level I Multidisciplinary Teams - Clinical Field Units

A. We recommend that the basic team consist of, but not be limited to, supportive and other specialized personnel* -- social worker, psychologist, speech and language therapist, public health personnel (doctor, nurse, dentist), exceptional education resource teacher and parent or parent advocate in the absence of the parent.

1. All Clinical Field Unit members will have equal position within the diagnostic and evaluative process as members of the team while cooperating under distinct job descriptions;

2. The exceptional education resource teacher will coordinate the team since the major goals of the team are educational.

B. We recommend that the Clinical Field Unit have primary responsibility for diagnosis and evaluation of each child referred.

1. Each team shall serve individuals from three through twenty years of age;**

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* The Policy/Advisory Committee of the Unified Evaluation System, within 30 days of its creation and with the assistance of the Task Force Advisory Committee, will be responsible for developing complete job descriptions for all members of the Clinical Field Units, including minimum qualifications and functions for each position while considering what is essential to the total learning needs of Milwaukee Public School children.

** On June 29, 1972 and October 4, 1972, at a hearing before the Education Committee of the Wisconsin Legislative Council, the Legislation Committee of the Task Force, on behalf of the Task Force, recommended that the state statutes be amended to mandate provision of educational services to exceptional children beginning at age three.

2. Referrals to the Clinical Field Units may be made by parents, teachers, principals, pupils themselves, physicians or other professionals, and community agencies;

3. All referrals of children already enrolled in the Milwaukee Public Schools are to be reviewed and signed by the school principal in order to assure an orderly referral process;*

4. The decision as to how extensive the evaluation should be will be made by the Clinical Field Units on the basis of available data and the referral request.

5. No child may be removed from his current or regular classroom, or from an exceptional education classroom or program, for alternative educational placement without evaluation by the Clinical Field Unit.**

   Any child being referred is to be observed in his present educational setting by the exceptional education resource teacher, and other members of the team when necessary, before any formal evaluation or decision not to evaluate can be made.

C. We recommend that care be taken in assigning staff to teams to insure that personnel are not only competent and skillful, but that they will be responsive to the cultural and environmental needs of the pupils in the areas of the city in which they will be serving.

D. We recommend that culturally and ethnically relevant testing instruments be utilized and/or developed in order to maximize their effectiveness, reliability and validity.

E. We recommend that there be at least one complete Clinical Field Unit for every 2,500 children in the system, and that teams function on a 12-month basis.***

F. We recommend that a suitable location be provided for each Clinical Field Unit, and that each team also be provided with the following:

   1. One secretary, on a 12-month basis;

   2. Necessary office equipment, including recording and transcribing machines;

   3. Other personnel, such as paraprofessional aides, when and as necessary and appropriate.

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* See Section IV - Rights and Responsibilities of Parents, relative to an appeal process.

** One example of this would be the present "adjustment" classes.

*** A voluntary city-wide evaluation program for all 4-year-olds should be undertaken during the summer months. The Clinical Field Units should also use the summer months, beginning June 1974, to begin re-evaluating children previously seen, to assess data, and to do follow through.

G. We recommend that an educational plan resulting from the team evaluation be developed for each pupil, and that it include specific goals against which the child's progress and the effectiveness of the plan can be measured.

1. Development of an individual educational plan shall precede placement of a child in any program or in implementation of recommendations for provision of special services;

2. In those cases where the Central Field Unit has determined that individual needs can be met in the regular classroom it becomes the responsibility of the Clinical Field Unit to assist principals and classroom teachers to obtain the necessary educational and supportive services.

H. We recommend that ongoing in-service training be provided for the Clinical Field Units by the Central Diagnostic Unit Level II, in conjunction with all exceptional education program administrators.

I. We recommend that pre- and post-evaluation staffings for placement of each child include parents, K-12 principals and teachers, appropriate members of Clinical Field Unit and other personnel involved in the individual's educational plan, e.g., guidance and vocational counselors.

J. We recommend that a child be referred to the Central Diagnostic Unit in the event that the diagnosis and evaluation of his educational problems and needs seems unusually complex.*

K. We recommend that the educational plan for each child be reviewed by the Clinical Field Unit no less than yearly.

L. We recommend that the first two Clinical Field Units be operational by January, 1973** and that an additional 10 - 15 teams be added by September, 1973. Fifteen teams should be added annually until the goal of at least one Clinical Field Unit per every 2,500 children has been attained.

II. Level II Central Diagnostic Unit

A. We recommend that the Central Diagnostic Unit include the following specialists: speech pathologists, psychologists, social workers, exceptional education resource teachers, audiologists, perceptual/sensory motor specialists, child development specialists, social survival specialists.

1. The nucleus of the Central Diagnostic Unit should be the current staff of the Child Study Center and the two Service Center units (Auer Avenue and Forest Home Avenue Wings).

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* The Clinical Field Units will be the starting point for the flow of referrals to the Central Diagnostic Unit, which will handle only the extremely complicated diagnostic evaluations.

** Having two Clinical Field Units operational by January 1, 1973 will not require additional personnel; existing professional staff are to be utilized.

a. All supportive services personnel presently assigned to inviwidual exceptional education programs, will serve as part of Central Diagnostic Unit as well as continuing in present capacity.

b. Supervisors from within each program area of the Department of Exceptional Education will serve as part of Central Diagnostic Unit as well as continuing in present capacity.

2. Services of opthamologists, child psychiatrists, neurologists, occupational therapists, and other highly specialized personnel should be available on a contract basis.

B. We recommend that in view of the need to draw upon a wide variety of professional resources in different ways:

1. The current policy of the Milwaukee Public Schools be revised to permit individuals, with parent's consent, to be interviewed directly by a psychiatrist upon referral from the Central Diagnostic Unit.

2. The cooperative relationship with the City of Milwaukee Health Department be continued and expanded.

C. We recommend that in-service training for the Central Diagnostic Unit be the responsibility of the Policy/Advisory Committee and include all areas of exceptionality.*

D. We recommend that the Central Diagnostic Unit serve individuals from three through 20 years of age, on a 12-month basis.

E. We recommend that pre- and post-evaluation staffings for placement of each individual include parents and/or advocate for the parent, teacher, principal, exceptional education program administrator and/or supervisor and other appropriate personnel, e.g., guidance and vocational counselors, community agency staff, etc.

F. We recommend that referrals be made to the Central Diagnostic Unit by the Clinical Field Units in cases where the complexity, in the judgement of the field staff, warrants additional professional opinion and/or resource consultation.

In instances where there may be disagreement as to whether or not referral to the Central Diagnostic Unit is appropriate--lack of agreement between field staff and school staff, between field staff and agency staff, between field staff and parent, etc.--the appeal process may be initiated.**

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* A central charge from the Task Force to the Policy/Advisory Committee is to review immediately what the in-service training needs of program administrators, diagnostic personnel and teachers are, and to begin developing programs which will enhance their understanding of the learning needs and problems of exceptional children.

** Until the establishment of an official appeal process (See Section IV - Rights and Responsibilities of Parents), such appeal may be initiated by direct written communication to the Policy/Advisory Committee.

G. We recommend that the Division of Long-Range Planning and Development be apprised of data* secured from both the Clinical Field Units and the Central Diagnostic Unit to assist in long-range planning for program and service needs of exceptional individuals, and to assess the ability of the system to meet these needs.

H. We recommend that the educational plan for each individual evaluated by the Central Diagnostic Unit be reviewed annually by the classroom teacher, the Department of Exceptional Education Program Administrator and/or Supervisor and other appropriate personnel.

Written assessment of each individual shall be sent to the principal, parent, appropriate Clinical Field Unit or Exceptional Education Administrator or Supervisor for review and follow-through.

III. Level III - Policy/Advisory Committee

A. We recommend that a Policy/Advisory Committee be established immediately to administer and monitor the diagnosis/evaluation system, and that such a Policy/Advisory Committee consist of the following:

1. Chairman: Executive Director, Department of Exceptional Education
2. Exceptional Education Program Administrators
3. Supportive Service Directors
4. City of Milwaukee Health Department representative(s)
5. Principals: Exceptional Education; K - 12
6. Teachers: Exceptional Education; K-12
7. Parents: Exceptional Education; K-12

B. We recommend that the primary functions of the Policy/Advisory Committee be:

1. To establish guidelines with respect to pupil diagnosis and evaluation;

2. To advise and assist Supportive Services Directors;

3. To insure coordination between all staff who have direct or indirect administrative and/or supervisory responsibilities for personnel and programs. Within this framework, program administrators shall retain basic responsibility and autonomy for their programs within the Department of Exceptional Education.

4. To coordinate the Clinical Field Units and the Central Diagnostic Unit;

5. To develop overall guidelines for in-service training of all clinical units, and to coordinate in-service training for both Clinical Field Units and the Central Diagnostic Unit.

C. We recommend that the Policy/Advisory Committee, with the full cooperation of the Board of School Directors and the Superintendent, be responsible for assuring that the recommendations for special programs and service needs are implemented.

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* Data - e.g., past, present, and projected case loads; staff and facility needs; corresponding supportive service needs; programs needs, etc.

STRUCTURE AND FUNCTION

Level I - Clinical Field Units:	-- Diagnosis
	-- Evaluation
	-- Recommendations
	-- Therapy
	-- Follow-through
Level II - Central Diagnostic Unit:	More intensive
	-- Diagnosis
	-- Evaluation
	-- Recommendations
	-- Therapy
	-- Follow-through
	-- Inservice Training
	-- Consultation
Level III - Policy/Advisory Committee	-- Coordinate Clinical Field Units and Central Diagnostic Unit
	-- Coordinate program implementation as recommended by Clinical Field Units
	-- Develop overall guidelines for inservice training
	-- Develop referral form
	-- Develop appeal process
	-- Develop job descriptions and functions for Clinical Field Unit staff

Summary of Recommendations -- Diagnosis and Evaluation

We recommend that a unified diagnosis and evaluation system be developed, comprised of the following elements:

I. Level I - Multidisciplinary Teams - Clinical Field Units
II. Level II - Central Diagnostic Unit
III. Level III - Policy/Advisory Committee

I. Clinical Field Units shall:

A. Be comprised of, but not limited to, supportive and other specialized personnel;

B. Have primary responsibility for diagnosis and evaluation of each individual referred;

C. Be responsible to the cultural and environmental needs of the individuals in areas they serve;

D. Utilize and/or develop culturally relevant testing instruments;

E. Be available with a full complement on the basis of at least one for every 2,500 children, on a 12-month basis;

F. Be provided with suitable space, staff and equipment on a 12-month basis;

G. Develop an educational plan for each individual;

H. Receive ongoing inservice training;

I. Hold pre- and post-evaluation staffings for placement of each individual, including parents and other appropriate personnel;

J. Refer any individual to the Central Diagnostic Unit where the assessment appears unusually complex;

K. Review the educational plan for each individual no less than annually;

L. Be operational by January, 1973.

II. The Central Diagnostic Unit shall:

A. Be comprised of existing staff of the Child Study Center and the two Service Center Units, plus supportive services personnel, supervisors and other specialists;

B. Draw upon a wide variety of professional resources;

C. Receive ongoing inservice training as formulated by the Policy/Advisory Committee;

D. Serve individuals three through twenty years of age;

E. Hold pre- and post-evaluation staffings for placement of each individual, including parents and other appropriate personnel;

F. Receive referrals from Clinical Field Units, with an appeal process available where there is disagreement as to whether referral is appropriate;

G. Apprise the Division of Long Range Planning and Development of relevant data secured from all clinical evaluations;

H. Annually review the individual educational plan for each pupil.

III. The Policy/Advisory Committee shall:

A. Be established immediately and consist of: exceptional education program administrators; supportive services directors; City of Milwaukee Health Department; K - 12 and exceptional education principals, teachers and parents; and be chaired by the Executive Director of the Department of Exceptional Education;

B. Have as its primary functions: establishing guidelines for diagnosis and evaluation; advising and assisting Supportive Services Directors; coordinating all staff with administrative and/or supervisory responsibilities for programs and personnel; coordinating clinical field units and the Central Diagnostic Unit; developing and coordinating all inservice training.

C. Be responsible for insuring that recommendations are implemented.

RIGHTS AND RESPONSIBILITIES OF PARENTS

Adopt

Of all people interested in children, parents have the greatest emotional and intellectual investment in a child's developmental problems and in that child's future. Further, it is becoming increasingly acknowledged that the influence on the child's early home experience determines to a major extent his future attitudes, personality structure and, in fact, readiness for learning.

1. We recommend that parents be involved in the initial planning for the child's program participation beginning with the evaluation process. Parents and staff should arrive at mutual understanding relative to the reasons for enrolling their child in the program; program goals; program procedures; and the mutual role of the program and the family in the child's care, education and development.

2. We recommend that parents be involved in on-going program development relating to the child. There should be provision for:

   a. On-going communication between parents and school personnel;
   b. Orientation classes to include any family members;
   c. Parent observation of program;
   d. Periodic planned review of the child's progress and discussion of any changes indicated in planning or programming;
   e. An active outreach policy directed toward involving parents. In this regard we further recommend that:

      1) Flexible hours and location for parent contact be established to accommodate availability of both parents and school personnel;
      2) The home, no less than the school, be considered as a place for staff-parent contact;
      3) Every effort be made to include both parents as well as other family members;
      4) A variety of different and specific avenues of communications be utilized such as small parent groups, evening meetings and meetings with, but not restricted to, supportive service personnel, principals, program administrators, etc. as appropriate.

   f. Parent involvement in planning when the child leaves the school or the special education program;

3. We recommend establishment of an administrative and judicial appeal process which shall insure due process of law for all children and parents;

4. We recommend that the Board of School Administration encourage the efforts of parent organizations and other groups working to secure educational opportunities for exceptional children;

5. We recommend that the Executive Director of Exceptional Education be assigned responsibility, with the help of parents and resources, for implementing the foregoing recommendations covered in the Rights and Responsibilities of Parents section.

Summary of recommendations relating to Rights and Responsibilities of Parents

We recommend that:

1. Parents be involved in initial planning for the child's program participation beginning with the evaluation process;

2. Parents be involved in on-going program development relating to the child;

3. An administrative and judicial appeal process be established:

4. The Board and School Administration encourage the efforts of parent organizations and other groups working to secure educational opportunities for exceptional children;

5. The Executive Director of Exceptional Education be assigned responsibility for implementing these recommendations.

PROGRAM

Adopt

This section is consistant with our over all philosophy which reflects the need for flexible programming according to the individual needs of exceptional children.

1. Curriculum and Instruction

   A. Communications

      We recommend:

      1. Regularly scheduled speech therapy services for all hearing impaired children who can benefit from such services. Where the need indicates, we recommend that a speech therapist be be assigned full time to schools housing programs for the deaf.

      2. Expansion of the hard-of-hearing program, including service beyond the primary level where indicated.

      3. A definite curriculum or course of study for all exceptional education programs, including goals at each level, pre-school through high school.

      4. Routine achievement and, if necessary, individual testing of pupils in exceptional education programs. This would be to evaluate individual progress toward goals at each level and to assist in determining promotion to the next level.

      5. Annual audiometric examinations of children in the deaf education program.

   B. Sensory Motor

      We recommend:

      1. That the Milwaukee Public Schools establish a job training program to provide vocational service for the handicapped on the same basis as the non-handicapped, e.g., MPS-MATC Program for High School Age Youth.

      2. Continuation and expansion of classes for the multiply handicapped children, e.g., TMR, ED/SLD children who have physical handicaps requiring special equipment.

      3. The development, at the beginning of the secondary level, of a work-skills and attitude program to lead to an ongoing work-study program at the high school level.

      4. The continuation of established resource rooms and expansion of such rooms to equalize opportunities for all visually handicapped children throughout the city - i.e., develop junior and senior high school resource rooms in geographical areas where there is a felt need.

5. We support the following recommendations of the Milwaukee Public Schools staff of the orthopedic schools:

   a. Develop a home living skills center in both Gaenslen and Manitoba Schools.

   b. Obtain a full time physical education instructor for Manitoba School who would spend 40% of his time in developing a physical education program for children enrolled in the orthopedic division.

C. Behavior and Learning Disabilities

We recommend:

1. The establishment of a pilot project for non-reading SLD/ED students with the emphasis on instructional methods other than reading, e.g., tactile, movies, tapes, etc.

2. That an effort be made to set up flexible programming in all schools in order to serve all children who have difficulty functioning in a large classroom, e.g., an additional teacher to allow for a resource room, an SLD/ED teacher, an itinerant teacher, smaller class size.

D. Intellectual Differences

1. Program Alternative

We recommend:

   a. That an array of program alternatives and services be provided so that the educational needs of individual pupils can be met.

   b. That Flexible programming include provisions for vocational education, work-study programs, training and evaluation and career counseling.

2. We recommend that measures of effectiveness of the program include consideration of the following:

   a. How well educational plans for individual children are implemented;

   b. Principal's assessment of programs within his school;

   c. Program assessment by teachers, e.g., classroom and supervising;

   d. A structure for team assessment including principals, teachers and parents of children directly involved in each individual's programming.

Summary of Committee Recommendations - Program

The recommendations of the Program Committees:are:

A. Communications Committee

1. Regularly scheduled speech therapy services be provided for all hearing impaired children who can benefit from such services, and that a speech therapist be assigned full time to schools housing programs for the deaf;

2. The hard-of-hearing program be expanded;

3. A definite curriculum for all exceptional education programs be developed;

4. Routine achievement and, if necessary, individual testing of pupils in exceptional education programs be established;

5. Annual audiometric examinations of children in the deaf education program be given;

B. Sensory Motor Committee

1. The Milwaukee Public Schools establish a job training program to provide vocational service for the handicapped;

2. Classes for the multiply handicapped children to be continued and expanded;

3. A work-skills and attitude program be developed;

4. Resource rooms be continued and expanded to equalize opportunities for all visually handicapped children;

5. The recommendations of the staff of the orthopedic schools be implemented -- namely, that a home living skills center be developed in Gaenslen and Manitoba Schools and that a full time physical education instructor be obtained for Manitoba School;

C. Behavior and Learning Disabilities Committee

1. A pilot project for non-reading SLD/ED students be established;

2. An effort be made to set up flexible programming in all schools;

D. Intellectual Differences Committee

1. An array of program alternatives and services be provided;

2. Flexible programming include provisions for vocational education, work-study programs, training and evaluation and carreer counseling;

3. Measures of effectiveness of the program include consideration of the following:

   a. How well educational plans for individual children are implemented;
   b. Principal's assessment of programs within his school;
   c. Assessment by classroom and supervising teachers;
   d. Team assessment.

FACILITIES

Adopt

1. We recommend that every school building have adequate and appropriate facilities to accommodate all children and adults, and that all facilities be in accord with standards recommended by the various Milwaukee Public Schools departments and other sources and approved by the Board of School Directors. To that end, we further recommend that:

   a. The Division of Long-Range Planning, Department of School Facilities, be directed to survey all existing buildings to determine the need for updating facilities, and that such a survey be completed by June, 1973;

   b. The Division of Administrative and Pupil Personnel Services be directed to request principals to submit such budget requisitions as are necessary to the accomplishment of this goal, upon completion of the aforementioned survey and in sufficient time to allow for inclusion in the 1974 budget so that extreme inadequacies will be remedied immediately;

   c. The standards approved be adhered to in the construction of all new school buildings;

   d. Adequate and proper classroom space be provided for special programs so that educational facilities for exceptional children are equal to facilities provided other children in the district;

   e. Appropriate special education facilities and equipment include but not be limited to quiet rooms*, accoustical treatment, carpeting, amplification equipment and maintenance thereof, and audio-visual equipment.

2. We recommend that adequate space for supportive services be provided within each school, e.g., speech therapy and individual assessment facilities.

3. We recommend that facilities be planned to provide full access and accommodation for all exceptional persons and to house appropriate special programs in <u>any</u> new school construction or in remodeling of existing structures.

4. We recommend that special education personnel and consumer groups (both community and parents of children receiving special education) be involved in the planning for new school facilities and remodeling of existing facilities.

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* e.g., sanctuary for a child who needs to be alone for a while.

Summary of recommendations - Facilities

We recommend that:

1. Every school building have adequate and appropriate facilities to accommodate all children and adults, and that all facilities be in accord with standards recommended by the various Milwaukee Public Schools departments and other sources and approved by the Board of School Directors;

2. Adequate space for supportive services be provided within each school;

3. Any new or remodeled structures be planned to provide full access and accommodation for all exceptional persons and programs.

4. Special education personnel and consumer groups be involved in planning for all facilities.

FUNDING

On June 29, 1972 and October 4, 1972, the following recommendations were made, on behalf of the Task Force, at a hearing before the Education Committee of the Wisconsin Legislative Council:

"It has come to our attention that school districts are often reluctant to approve special education programs for lack of financial resources. The current funding procedure is Section 115.85 (WSA) needs to be changed to allow for the appropriation of state funds upon approval of program plans rather than upon the current funding formula, which often reimburses monies as long as 18 months after the initiation of the program.

"Concern has also been expressed about the impact of categorical reimbursement patterns which depend upon labelling of children and programs, e.g. educable mentally retarded, trainable mentally retarded, emotionally disturbed, learning disabilities, etc."

The Task Force is thus on record as having recommended that the statutes be amended so that local public education agencies administering exceptional education programs, including the Milwaukee Public Schools, will define program parameters and request reimbursement on that basis. This would mean, for instance, that the adaptive recreation program could be available on a year-round basis to all children within the Milwaukee Public Schools Department of Exceptional Education.

IN-SERVICE TRAINING

The Task Force has already recommended to the Education Committee of the Wisconsin Legislative Council that all teachers certified in the State of Wisconsin have special education courses. Further we feel it is important to continue development of planned programs of in-service training for all exceptional education teachers and supportive service personnel and all others as appropriate to the process of mainstreaming, although we have no specific recommendations as to how to implement this. We are aware that anything regarding in-service training will require significant input from the MTEA since most of these are negotiable items in the contract with the Board of School Directors. We do recommend establishment of a special task force based committee to begin working on this during the coming school year.

CONCLUDING STATEMENT

On the preceding pages we have set down our specific recommendations as to the steps the Milwaukee Public Schools must take if it is to offer a meaningful, effective and comprehensive program to exceptional students within the system. These recommendations are presented with the hope that action will be taken as quickly as possible.

The Task Force will continue to meet in the weeks and months ahead, further discharging the duties assigned to us. We will prepare and forward reports on our progress throughout the coming year.

We ask that the Task Force be advised of any and all meetings convened for the purpose of discussing and/or taking action on any of the recommendations contained in this report. We also ask that we continue to be advised of any actions being considered by the Board of School Directors and/or the Administration which will impinge upon any of the recommendations contained in the report.

The Task Force Advisory Committee, and all other members of the Task Force, will be available at any time to consult with the Board of School Directors, with individual Board members, and with the Superintendent's office relative to the concerns expressed and recommendations made in this Second Interim Report.

MILWAUKEE PUBLIC SCHOOLS
DIVISION OF CURRICULUM AND INSTRUCTION
DEPARTMENT OF EXCEPTIONAL EDUCATION AND SPECIAL PROGRAMS

BROADLY BASED COMMUNITY STUDY
OF EXCEPTIONAL EDUCATION
1971-72 Membership List

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